

K112585



MAY 24 2012

Adin Dental Implant Systems Ltd.  
Touareg CloseFit™ Dental Implant Special 510(k)

### **Revised 510(k) Summary**

This 510(k) summary of safety and effectiveness information is submitted in accordance with the requirements of the Safe Medical Devices Act (SMDA) of 1990. The contents of the 510(k) summary have been provided in conformance with 21 CFR §807.92

---

### **Submitter Information**

Adin Dental Implants Systems Ltd  
Industrial Zone Alon Tavor  
P.O. Box 1128  
Afula 18550  
Israel,  
Tel: (+972-4-6426732, Fax: (+972) 4-6426733

Establishment Reg. Number: 3007518363

### **Submission contact person:**

Mrs. Yana Prus-Galynsky  
Quality and Regulatory Director  
Tel: (+972-4-6426732 ext. 159, Fax: (+972) 4-6426733

### **Submission Date:**

3<sup>rd</sup> of April, 2012

### **Device Classification**

**Trade/Proprietary Device Name:** Touareg CloseFit™ Dental Implant  
**Common name:** Endosseous Dental Implant 21 CFR  
872.3640  
**Product Code:** DZE (subsequent code NHA)  
**Classification Name:** Endosseous Dental Implant  
**Classification Regulation:** 21 CFR §872.3640 (subsequent 21 CFR872.3630)  
**Classification Panel:** Dental Devices  
**Regulatory Class:** II

### **Identification of Legally Marketed Predicate Devices**

Adin Dental Implants System -

K081751

### **Device Description**

Touareg CloseFit™ Dental Implants are threaded, root-form dental implants intended for surgical placement in the maxillary and/or mandibular arch to support crowns, bridges, or overdentures in edentulous or partially edentulous patients.

The Touareg CloseFit™ Dental Implants are similar in design to the Touareg Dental Implant cleared under Adin Dental Implant System, K081751. The predicate internal connection was changed to internal hex (hexagonal) Morse tapered connection. In addition, dental implant name was changed from Touareg Dental Implants to the Touareg CloseFit™ Dental Implants to extend Touareg Implants family's product line, and surface treatment name was changed to OsseoFix™ due to marketing reasons only. Also, lengths and diameters were added - implants are now provided in diameter of 4.3mm, and lengths of 15.0 mm and 18.0 mm.

### **Intended Use of Device**

Touareg CloseFit™ Dental Implants are intended for surgical placement in the maxillary and/or mandibular arch to support crowns, bridges, or overdentures in edentulous or partially edentulous patients.

Touareg CloseFit™ Dental Implants may be immediately loaded when good primary stability is achieved and with appropriate occlusal loading.

### **Brief Discussion and conclusions drawn from the Non-Clinical Tests Submitted**

For a determination of substantial equivalence, the following analysis and bench performance test was performed on Subject Devices and Predicate Devices:

- Fatigue testing according to ISO 14801:2007 "Dentistry-Implants-Dynamic fatigue test for endosseous dental implants" was done with angled abutments to demonstrate the design changes did not change the fatigue properties. Fatigue testing also demonstrated that this system meets its predefined acceptance criteria and performs in accordance with its intended use. The fatigue properties of the new design are similar to those of the predicate device.

### **Substantial Equivalence Statement**

Based on the performance testing results, and compliance to performance standards, it is Adin Dental Implant Systems Ltd opinion that the proposed Touareg CloseFit™ Dental Implant is substantially equivalent in terms of design, functional features to the unmodified Adin Dental Implants System (legally marketed predicate device)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room --WO66-G609  
Silver Spring, MD 20993-0002

Mrs. Yana Prus-Galynsky  
Quality and Regulatory Director  
Adin Dental Implants Systems Ltd  
Industrial Zone Alon Tavor  
P.O. Box 1128  
Afula  
ISRAEL 18550

MAY 24 2012

Re: K112585

Trade/Device Name: Touareg CloseFit™ Dental Implant System

Regulation Number: 21 CFR 872.3640

Regulation Name: Endosseous Dental Implant

Regulatory Class: II

Product Code: DZE, NHA

Dated: May 23, 2012

Received: May 23, 2012

Dear Mrs. Prus-Galynsky:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'A. Watson'.

Anthony D. Watson, B.S., M.S., M.B.A.  
Director  
Division of Anesthesiology, General Hospital,  
Infection Control and Dental Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure



510(k) Number (if known): K112585

Device Name: Touareg CloseFit™ Dental Implant System

Indications for Use:

Touareg CloseFit™ Dental Implants are intended for surgical placement in the maxillary and/or mandibular arch to support crowns, bridges, or overdentures in edentulous or partially edentulous patients.


Touareg CloseFit™ Dental Implants may be immediately loaded when good primary stability is achieved and with appropriate occlusal loading

Prescription Use ✓ AND/OR Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart D) (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER  
PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)  
Center for Devices and Radiological Health / CDRH

Page 1 of 1

  
(Division Sign-Off)  
Division of Anesthesiology, General Hospital  
Infection Control, Dental Devices

510(k) Number: K112585